

Application Data Sheet

Application Information

Application Number::	09/830,839
Filing Date::	February 19, 2002
Application Type::	Regular
Subject Matter::	Utility
Sequence submission::	Yes
Computer Readable Form (CFR) ::	Yes
Number of copies of CFR::	1
Title::	Tuberculosis Diagnostic Test
Attorney Docket Number::	077529.0111
Total Drawing Sheets::	0
Small entity::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United Kingdom
Status::	Full Capacity
Given Name::	Ajit
Family Name::	Lalvani
City of Residence::	Oxford
State or Providence of Residence::	
Country of Residence::	Great Britain
Street of Mailing Address::	Nuffield Department of Clinical Medicine John Radcliffe Hospital, Headington
City of Mailing Address::	Oxford
State or Providence of Mailing Address::	
Country of Mailing Address::	Great Britain
Zip Code::	OX3 9DU

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Pakistan
Status:: Full Capacity
Given Name:: Ansar
Family Name:: Pathan
City of Residence:: Oxford
State or Providence of Residence::
Country of Residence:: Great Britain
Street of Mailing Address:: Nuffield Department of Clinical Medicine
John Radcliffe Hospital, Headington
City of Mailing Address:: Oxford
State or Providence of Mailing Address::
Country of Mailing Address:: Great Britain
Zip Code:: OX3 9DU

Correspondence Information

Correspondence Customer Number:: 21003
Phone Number:: (212) 408-2500
Fax:: (212) 408-2501

Representative Information

Representative Customer Number::	21003
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/GB99/03635	11/03/1999
PCT/GB99/03635	Claims priority benefits of	60/107004	11/04/1998

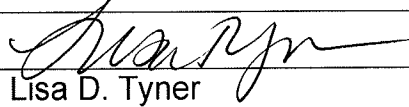
Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed
Great Britain	9824213.4	11/04/1998	Yes

Assignee Information

Assignee name::	ISIS INNOVATION LIMITED
Street of mailing address::	EWERT HOUSE, EWERT PLACE
City of mailing address::	SUMMERTOWN
State or Province of mailing address::	OXFORD
Country of mailing address::	UNITED KINGDOM
Postal or Zip code of mailing address::	OX2 7SG

Signature Information

Signature::	
Typed Name::	Lisa D. Tyner
Registration No.::	51,619